

U.S. SOCIAL SECURITY ADMINISTRATION APPLICATION FOR SOCIAL SECURITY NUMBER CARD							18. Serial No. _____ Date Issued (mm-dd-yyyy) _____ Approved By _____ FS Post _____		
COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5. UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE.									
1. NAME OF CHILD IN FULL (First) (Middle) (Last) TO BE SHOWN ON CARD <div style="border: 1px solid black; display: inline-block; padding: 2px;">NAA</div>					2. SEX <div style="border: 1px solid black; display: inline-block; padding: 2px;">SEX</div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> M <input type="checkbox"/> F </div>				
3. DATE OF BIRTH (mm-dd-yyyy) <div style="border: 1px solid black; display: inline-block; padding: 2px;">DOB</div>		4. HOUR AM PM <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>		5. PLACE OF BIRTH IN FULL (City, State, Country) <div style="border: 1px solid black; display: inline-block; padding: 2px;">PLB</div>		6. <div style="border: 1px solid black; display: inline-block; padding: 2px;">FCI</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>			
FATHER'S NAME <div style="border: 1px solid black; display: inline-block; padding: 2px;">FNA</div>			7. ← FATHER'S FULL NAME MOTHER'S FULL NAME AT BIRTH →			MOTHER'S NAME <div style="border: 1px solid black; display: inline-block; padding: 2px;">MNA</div>			
<div style="text-align: center;">Father's Social Security Number</div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			8. ← SOCIAL SECURITY NUMBER →			<div style="text-align: center;">Mother's Social Security Number</div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
9. <div style="border: 1px solid black; display: inline-block; padding: 2px;">PNA</div> HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? <div style="border: 1px solid black; display: inline-block; padding: 2px;">NO</div>									
10. NAME OF CHILD <div style="border: 1px solid black; display: inline-block; padding: 2px;">NAB</div> FULL NAME AT BIRTH IF OTHER THAN ABOVE		<div style="display: flex; justify-content: space-between;"> FIRST FULL MIDDLE NAME LAST </div>							
11. MAILING ADDRESS <div style="border: 1px solid black; display: inline-block; padding: 2px;">STI</div> DO NOT ABBREVIATE		STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>							
		CITY/PROVINCE <div style="border: 1px solid black; display: inline-block; padding: 2px;">CTY</div>		STATE OR FOREIGN COUNTRY <div style="border: 1px solid black; display: inline-block; padding: 2px;">STE</div>			POSTAL/ZIP CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">ZIP</div>		
12. RACE/ETHNIC DESCRIPTION <div style="border: 1px solid black; display: inline-block; padding: 2px;">ETB</div> (Check one only-Voluntary)		<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Asian, Asian American or Pacific Islander </div> <div style="text-align: center;"> <input type="checkbox"/> Hispanic </div> <div style="text-align: center;"> <input type="checkbox"/> Black (Not Hispanic) </div> <div style="text-align: center;"> <input type="checkbox"/> North American Indian or Alaskan Native </div> <div style="text-align: center;"> <input type="checkbox"/> White (Not Hispanic) </div> </div>							
13. NAME OF PERSON PROVIDING INFORMATION				14. SIGNATURE			15. RELATIONSHIP TO CHILD		
16. TODAY'S DATE (mm-dd-yyyy) <div style="border: 1px solid black; display: inline-block; padding: 2px;">DON</div>				17. DAYTIME TELEPHONE NUMBER (Including Area Code)					
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN			DOC		NTI		CAN		ITV
PBC		EVI	EVA		EVC		PRA		NWR
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE <div style="text-align: right;">DATE (mm-dd-yyyy)</div>				
					<div style="border: 1px solid black; display: inline-block; padding: 2px;">DCL</div>				
					DATE (mm-dd-yyyy)				